

GRADUATE STUDENT 20 ANNUAL REVIEW FORM

Na	me:Year of Study:								
Ad	visor: Date:								
PART A: GRADUATE STUDENT SELF-ASSESSMENT (To be completed by the graduate student) <i>This section should be completed and uploaded to your OneDrive folder no later than</i> <u>December 31st</u> .									
1.	Have you completed the Responsible Conduct of Research course? Yes No								
2.	Courses completed in the past two semesters:								
3.	Planned courses for the next two semesters:								
4.	Were you a research assistant? Yes No How do you think you performed in this area?								
	Where do you think you need improvement?								
5.	Were you a teaching assistant? Yes No								
	How do you think you performed in this area?								
	Where do you think you need improvement?								

6. Papers published/submitted in the last year:

7. Conference and internal/informal presentations in the past year:

8. Research accomplishments:

Where do you think you need improvement in this area?

9. Plans/Goals (including research and courses) for the coming year:

10.	Have	vou and	vour	advisor	formed	vour	Thesis	Committee	vet?	🗌 Yes	🗆 No
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If Yes, list names below:

11. Your Comments:

PART B: FACULTY ADVISOR EVALUATION

To the advisor: This form should be filled with sufficient comments by the faculty advisor. It should be discussed with the student and signed by both the faculty advisor and student.

STUDENT NAME:

FACULTY ADVISOR NAME:

1) Educational Progress (Overall academic progress including course performance, DQE, dissertation):

2) **Research Progress** (Overall research progress including strengths and shortcomings, creativity and dedication, potential publications, plans for improvement)

3) Teaching: (teaching opportunities, TA opportunities, teaching training)

4) **Professional Development** (conduct, presentation skills, writing skills, communication skills, teamwork, networking, career goals):

5) **Logistics** (graduation timeframe, present and future funding, specific grant requirements, progress towards post-Ph.D. objectives):

6) **Overall Assessment and Additional Discussion Points** (Strengths, major concerns if any, room for improvement, specific suggestions to address concerns):

OVERALL ASSESSMENT:

□ Satisfactory

□ Unsatisfactory

I have reviewed this document with my advisor and I have seen his/her comments

Student's signature:

Advisor's signature:

Date: ______
Date: _____

Additional Comments (Use this space to add any additional comments or continue answers from above.)